

**Electronic Debit Service is only available to continuously enrolled self-pay PEBB subscribers.  
If you are making your first payment, you need to pay by check or money order.**

# Electronic Debit Service Agreement

Washington State  
Health Care Authority  
Public Employees Benefits Board

Electronic debit service (EDS) allows PEBB subscribers to have monthly payments automatically taken from a checking or savings account. To get started, please complete this form. Type or print clearly in black ink.

New EDS account? ☐ Yes ☐ No

Bank account change? ☐ Yes ☐ No

## Subscriber's Information

Subscriber's name (please print)

PEBB account number or subscriber's Social Security number (If you are the spouse/ state-registered domestic partner of a deceased PEBB retiree, provide retiree's Social Security number here.)

## Bank Account Information

Account holder's name (if different from above; please print)

Name of financial institution

Branch address

City

State

ZIP Code

Bank routing number

☐ Checking

☐ Savings

Account number

I hereby authorize the Health Care Authority (HCA) to start electronic funds transfers from the financial institution named above. I understand my authorization remains in effect until I give written notice to the HCA, which I must do at least 15 business days before my next monthly withdrawal. If I want to change the checking or savings account that HCA withdraws from, I will submit a new EDS agreement form at least 15 business days before the next withdrawal.

Withdrawals will occur on the 15th day of each month that I have insurance coverage and will be in the amount of my monthly invoice. If the 15th falls on a Saturday, the withdrawal will occur on Friday the 14th. If the 15th falls on a Sunday, the withdrawal will occur on Monday the 16th. The HCA will notify me of payments returned for insufficient funds or closed accounts, and provide payment instructions.

The HCA reserves the right to change or terminate this agreement as an account payment method for any reason and at any time by giving proper notice of at least 15 business days.

Signature **(Must be signed by account holder to authorize debit)**

Date

## To complete your authorization process:

- ☐ Make sure you have filled out the entire form, including your signature above.
- ☐ Enclose a **voided check** or a **deposit slip**, and send to:  
Washington State Health Care Authority  
Attn: Accounting  
P.O. Box 42691  
Olympia, WA 98504-2691

## Remember!

You must continue to pay your premium invoices until you receive a letter from the HCA with your EDS start date. EDS approval takes six to eight weeks.

You must submit a new EDS agreement form to HCA when your bank account information changes.

**If you have questions or would like more information, call the HCA Accounting Office at 1-800-200-1004.**